

# Work Order ID 120148

Wednesday, June 04, 2014 2:56:57 PM

**\*120148\***

Page 1

Item ID: D3297-3-0350 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Hose Ass'Y  
 Start Date: 6/04/14 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 6/04/14 Req'd Qty: 4.00 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: MLS Date: 14-06-05 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3297	Rev D

100 PURCHASING 0.00

**\*100\***

Purchasing Memo 0.00  
 Purchasing Create D2729-1 label and include with W/O  
 Issue P/O: 24530  
 Hose Assembly as per Dwg D3297  
 Possible Supplier: API  
 Material release note is required

CL 14/06/10 4

110 Receive & Inspect for Damage & Mat'l Certs 0.00

**\*110\***

Packaging Memo 0.00  
 Packaging Ensure Material Release Note is attached

14/6/17 (4)

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 120148

Wednesday, June 04, 2014 2:56:57 PM

**\*120148\***

Page 2

Item ID: D3297-3-0350 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Hose Ass'Y  
Start Date: 6/04/14 Start Qty: 4.00 **\*4\*** Cust Item ID:  
Required Date: 6/04/14 Req'd Qty: 4.00 **\*4\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 <b>*120*</b> QC Quality Control	QC6- Inspect dimensions to drawing  Memo	0.00 0.00		DAS 27 9-89 14/6/18		4			
130 <b>*130*</b> Small Fab Small Fab	Small Fab  Memo Install D2729-1 as per Dwg D3297 using D2182-045 Heat Shrink Batch: <u>1126009</u>	0.00 0.00				4			FF 14-06-18
140 <b>*140*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00 0.00		DAS 27 9-89 14/6/18		4			

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
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### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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**Work Order ID 120148****\*120148\***

Page 3

Item ID: D3297-3-0350

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Hose Ass'Y

Start Date: 6/04/14 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 6/04/14 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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150

Identify as per dwg & Stock Location **ST2H**

0.00

**\*150\***

Packaging

Memo

0.00

Packaging

**4x** **14-6-18**DAS  
26  
9-89

160

QC21- Final Inspection - Work Order Release

0.00

**\*160\***

QC

Memo

0.00

Quality Control

**MLJ** **14-06-19****(H) 14-6-19**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Offset/Setup									
Process									
Supplier									
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# Picklist Print

Wednesday, June 04, 2014 2:56:57 PM

Page 1

Work Order ID: 120148

**\*120148\***

Parent Item: D3297-3-0350

**\*D3297-3-0350\***

Parent Item Name: Hose Ass'Y

Start Date: 6/04/14

Required Date: 6/04/14

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: A04.11.25New issueKJ/RF

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
156005-6D0350		Purchased		No		110	Each	0.0000	1	4			
<b>*156005-6D0350*</b>									<b>**</b>				
Hose Ass'Y													
D2182-045		Manufactured		No		130	Each	0.0000	1	4			
<b>*D2182-045*</b>									<b>**</b>				
Heat Shrink 4.5" Long													

M 26009

48/4/12(4)

4 FF 14

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

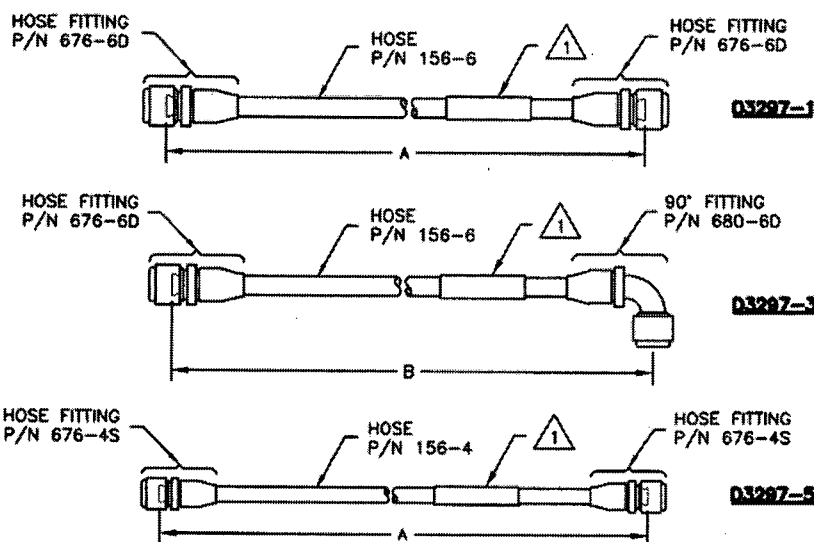
### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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**DART****RELEASED**  
05.01.21

DESIGN #	DRAWN BY #	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED #	APPROVED #	DRAWING NO. D3297	REV. D SHEET 1 OF 1
DATE 05.01.21	TITLE HOSE ASSEMBLIES		SCALE NTS
A	04.07.06	NEW ISSUE	
B	04.11.01	STRATOFLEX P/N WAS AEROQUIP P/N	
C	04.11.18	T50 CORRECTED TO TSO	
D	05.01.21	CORRECT STRATOFLEX P/N	



HOSE SPECIFICATION				
DART P/N	STRATOFLEX P/N	VENDOR	A	B
D3297-1-0098	156001-6D0098	API	9.75	
D3297-1-0130	156001-6D0130	API	13.00	
D3297-1-0121	156001-6D0121	API	12.13	
D3297-3-0085	156005-6D0085	API		8.50
D3297-3-0210	156005-6D0210	API		21.00
D3297-3-0350	156005-6D0350	API		35.00
D3297-5-0410	156001-4S0410	API	41.00	

D3297-1-XXXX HOSE ASSEMBLY } WHERE XXXX REPRESENTS  
D3297-3-XXXX HOSE ASSEMBLY } HOSE LENGTH IN TENTHS OF INCH  
D3297-5-XXXX HOSE ASSEMBLY }

EG: 12.125" LONG: D3297-1-0121  
41.00" LONG: D3297-5-0410  
8.50" LONG: D3297-3-0085

**NOTES:**

- 1) IDENTIFY WITH DART P/N & B/N USING D2729-1 LABEL INSTALLED WITH D2182-045 HEAT SHRINK
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) HOSE ASSEMBLIES TO MEET THE REQUIREMENTS OF TSO-C53a TYPE "A"

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 120148 MJS  
140605

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Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO24530**

Purchase Order Date 6/10/2014

PO Print Date 6/10/2014

Page Number 1 of 3

**Order From :**

VU-AVI003

AVIALL  
PO BOX 842275

DALLAS, TX 75284-2275  
USA

**Ship To :** DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**

**Contact Name**

**Vendor Phone** 905-676-1695

**Ship To Contact**

**Ship To Phone**

**Ship Via:** FedEx PI collect

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #**

10127-2607

**Terms**


Net 30

**Currency**

USD

**FOB**

FCA - (Free Carrier)

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	156001-6D0121  AS PER DWG D3297 REV. D B120119	Hose Ass'Y	6/16/2014 Yes 6/16/2014		4.00 Each	\$84.52	\$338.08
						<b>Line Total:</b>	<b>\$338.08</b>
2	156005-6D0350  	Hose Ass'Y	6/16/2014 Yes 6/16/2014		4.00 Each	\$172.56	\$690.24
						<b>Line Total:</b>	<b>\$690.24</b>
3	156001-6D0130  AS PER DWG D3297 REV. D B120455	Hose Ass'Y	6/16/2014 Yes 6/16/2014		4.00 Each	\$85.73	\$342.92

**PO Instructions:**

**Note:**

6/10/2014



## PACKING LIST



DELIVERY NUMBER: 8000530350

ROUTE: US FedEx International Priority

PAGE: 1 of 2

DATE: 06/16/2014

TIME: 16:15:47

EMP: 00013610

ORD TYP: ZOR 169

CURRENCY: USD

CUSTOMER PO: 24530  
ORDER NUMBER: 1000378126  
ORDER DATE: 06/12/2014

B 10003952  
I DART AEROSPACE LTD  
L 1270 ABERDEEN STREET  
L HAWKESBURY ON K6A 1K7  
T CANADA  
O

S 10003952  
H DART AEROSPACE LTD  
I 1270 ABERDEEN STREET  
P HAWKESBURY ON K6A 1K7  
T CANADA  
O

S 1009  
H AVIALL DALLAS HOSE SHOP  
I DALLAS HOSE SHOP  
P 2755 REGENT BLVD  
FROM DFW AIRPORT TX 75261-9048  
M USA

LINE	PO LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	QUANTITY BACK ORDER	UOM	LIST PRICE	CUSTOMER PRICE	EXTENDED CUSTOMER PRICE
000010	10	1S	156001-6D0121 HOSE: MED PRESSURE,RUBBER	4	4	0	EA		84.52	338.08
			TEST BATCH 100017425		4					
000020	20	1S	156005-6D0350 HOSE: MED PRESSURE,RUBBER	4	4	0	EA		172.56	690.24
			TEST BATCH 100017426		4					
000030	30	1S	156001-6D0130 HOSE: MED PRESSURE,RUBBER	4	4	0	EA		85.73	342.92
			TEST BATCH 100017427		4					
000040	40	1S	156003-6D0102 HOSE: MED PRESSURE,RUBBER	5	5	0	EA		141.24	706.20
			TEST		5					

DAS  
27  
9-89  
M/6/18

**This is not an Invoice.**  
**For payment processing, please refer to Invoice.**

The recipient of these goods agrees to comply with all export regulations governing the transfer, sale, lease, or use of these goods.  
Diversion contrary to U.S. Law is prohibited.

## CERTIFICATE OF CONFORMANCE

It is hereby certified that Aviall Services, Inc., is an approved distributor and meets all requirements of ISO9001, AS9100, AS9120 and AC 00-56 at 2750 Regent Blvd. DFW Airport, Texas. The products, articles or parts referenced on this document are in new or overhauled condition and were purchased from an approved source (FAA, EASA, TCCA, Mil Spec or Commercial). The Original Manufacturers' Certifications are maintained on file at our central office location, and copies are available upon request or at Aviall.com. For overhauled or repaired products, articles or parts, the original FAA 8130-3 / EASA Form 1 (Return to Service) or Yellow Tag, from the FAA/JAA/EASA approved Air Agency are attached to the component.

RS/H

DISCOUNT TERMS APPLY ONLY TO SUB TOTAL. ALL  
RETURNED MERCHANDISE SUBJECT TO HANDLING  
FEE.

THIS IS TO CERTIFY THAT AVIALL HAS COMPLIED WITH  
THE PROVISIONS OF THE FAIR LABOR ACT OF 1938  
AMENDED.

CUSTOMER COPY

06/16/2014



Hose Shop 2755 Regent Blvd. DFW Airport 75261  
Phone 972-586-1380 Fax 972-586-1381 www.aviall.com

## TSO CERTIFICATION

It is hereby certified that (A) The parts and/or materials reflected herein were produced under Federal Aviation Administration approved manufacturing and quality control system/methods as set forth in the FAA issued technical standard order authorizations (TSOA) issued to Stratoflex and (B) such part and/or materials are new and are in condition for safe operation.

Customer Order Number: 1000378126

1. 156001-6D0121 4EA.
2. 156005-6D0350 4EA.
3. 156001-6D0130 4EA.
4. 156003-6D0102 5EA.

Signed: \_\_\_\_\_

Date: 6-16-14

"Aviall is not providing OEM parts. Aviall is an authorized Stratoflex distributor providing TSO assemblies. Numbers referenced per customer requirements are for customer reference ONLY and are in no way intended to be represented as OEM parts. Any reference to an OEM part number does not authorize or reflect installation authority for this part. The installation authority is provided by the mechanic installing this product in accordance with FAR Part 43".

If applicable, satisfactory compliance with the conditions and tests required for TSO approval indicates the hose assembly has met the minimum performance standards as stated in the TSO. Furthermore, it is the responsibility of the installer to determine the installation eligibility and that it will not cause the hose assembly to be subjected to conditions in excess of those for which it has been approved.

FORM# CERT -001